

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth Shanton :
: Art Unit: 3627
Serial No.: 10/646,912 :
: Examiner: Champagne, Luna
Filed: August 22, 2003 :
:
For: POINT-OF-PURCHASE :
: DISPLAY WITH RFID :
: INVENTORY CONTROL :

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action December 13, 2007 (18 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 460.00	\$ 230.00
<input type="checkbox"/> third month	\$ 1,050.00	\$ 525.00
<input type="checkbox"/> fourth month	\$ 1,640.00	\$ 820.00
<input type="checkbox"/> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$120.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
	26	MINUS	26	=0	x \$25.00 = \$		x \$50.00 = \$
TOTAL INDEP.	4	MINUS	3	=1	x \$105.00 = \$		x \$210.00 = \$210.00
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$185.00 = \$		+ \$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$210.00

(a) ☐ No additional fee for Claims is required

OR

(b) ☒ Total additional fee for claims required \$ 210.00

FEE PAYMENT

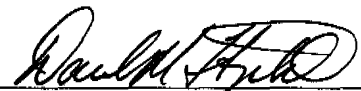
5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$330.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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